

Affected Programs: BadgerCare Plus, Medicaid

To: Advanced Practice Nurse Prescribers, Case Management Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Master's Level Psychotherapists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychologists, HMOs and Other Managed Care Programs

Rate Changes for Services Receiving Only Federal Funds

This *ForwardHealth Update* describes changes to the federal share reimbursement rates for the following services:

- Case management.
- Community support programs.
- Crisis intervention.
- Outpatient mental health and substance abuse in the home or community for adults.

Changes to the Federal Share and Reimbursement Amounts

Effective for claims processed and paid on and after October 1, 2008, the federal share will increase from 57.62 percent to 59.38 percent for the following services:

- Case management.
- Community support program (CSP) services.
- Crisis intervention services.
- Outpatient mental health and substance abuse services in the home or community for adults.

Wisconsin Medicaid will pay up to the federal share of the contracted rates for these services. If the provider's usual and customary charge for the service is less than the contracted rate, Wisconsin Medicaid will pay the federal share of the usual and customary charge. The usual and customary charge is defined as the provider's

charge for providing the same services to persons not entitled to Medicaid or BadgerCare Plus benefits.

Providers are responsible for the state share. The state share must be paid from nonfederal public funds.

Note: Claims processed and paid between October 1, 2008, and October 17, 2008, will be automatically adjusted to reflect the new rates. These adjustments will take place after the November implementation of ForwardHealth interChange. Providers whose claims are affected by the adjustments will be notified when the adjustments take place.

Changes to Claim Submission

Claims submitted after implementation of ForwardHealth interChange in November 2008 require the provider to indicate a *usual and customary charge* for each line item in Element 24F of the 1500 Health Insurance Claim Form. Formerly, providers indicated the federal share amount in Element 24F.

Contracted Rates Remain Unchanged

The contracted rates for case management services, CSP services, crisis intervention services, and outpatient mental health and substance abuse services in the home or community for adults remain unchanged.

The contracted rate is the uniform rate determined by the Department of Health Services and required by the Medicaid state plan.

Updated Maximum Allowable Fees

Refer to Attachments 1-4 of this *ForwardHealth Update* for the updated maximum allowable fees for services provided to Wisconsin Medicaid and BadgerCare Plus Standard Plan members.

Note: Crisis intervention services are provided fee-for-service for all members. Community support program services and outpatient mental health and substance abuse services in the home or community for adults are provided fee-for-service for all members except for members enrolled in Children Come First (CCF) or Wraparound Milwaukee (WAM).

Members enrolled in CCF or WAM must receive CSP services or outpatient mental health and substance abuse services in the home or community for adults from the managed care programs since these services are included in the programs' capitation rate.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

Maximum Allowable Fees for Case Management Services

Wisconsin Medicaid-certified providers will be reimbursed up to the rates listed on this Attachment for covered services provided to members enrolled in Wisconsin Medicaid and BadgerCare Plus.

This Attachment contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).
Maximum Allowable Fee	The federal share of the contracted rate. Wisconsin Medicaid will pay up to the maximum allowable fee for covered services.

This Attachment does not address the various coverage limitations routinely applied before final payment is determined (e.g., member enrollment, provider certification, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

For questions about the fees, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

Policy Analyst
Division of Health Care Access and Accountability
Case Management Services
PO Box 309
Madison WI 53701-0309

Maximum Allowable Fees for Case Management Services				
Procedure Code	Procedure Code Description	Modifier and Modifier Description	Contracted Rate	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
T1017	Targeted case management, each 15 minutes	U1 — Assessment	\$10.82	\$6.42
		U2 — Case planning		
		U3 — Ongoing monitoring and service coordination		
		U4 — Discharge planning		

ATTACHMENT 2

Maximum Allowable Fees for Community Support Program Services

Wisconsin Medicaid-certified providers will be reimbursed up to the rates listed on this Attachment for covered services provided to members enrolled in Wisconsin Medicaid and BadgerCare Plus.

This Attachment contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).
Maximum Allowable Fee	The federal share of the contracted rate. Wisconsin Medicaid will pay up to the maximum allowable fee for covered services.

This Attachment does not address the various coverage limitations routinely applied before final payment is determined (e.g., member enrollment, provider certification, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

For questions about the fees, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

Policy Analyst
Division of Health Care Access and Accountability
Community Support Program Services
PO Box 309
Madison WI 53701-0309

Maximum Allowable Fees for Community Support Program Services					
Procedure Code	Procedure Code Description	Modifier and Modifier Description	Contracted Rate*	Reimbursement (Federal Share) Paid Through 9/30/08	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
H0039	Assertive community treatment, face-to-face, per 15 minutes	UA — Psychiatrist	\$37.51	\$21.61	\$22.27
		UB — Advanced Practice Nurse Prescriber with mental health specialty	\$37.51	\$21.61	\$22.27
		HP — Doctoral level	\$28.14	\$16.21	\$16.71
		HO — Masters degree level	\$22.51	\$12.97	\$13.37
		HN — Bachelors degree level	\$15.00	\$8.64	\$8.91
		HM — Less than Bachelor degree level	\$5.63	\$3.24	\$3.34
		U4 — Group MD/Advanced Practice Nurse Prescriber with mental health specialty	\$9.38	\$5.40	\$5.57
		U3 — Group, Ph.D.	\$7.03	\$4.05	\$4.17
		U2 — Group, Masters	\$5.63	\$3.24	\$3.34
		U1 — Group, Professional	\$3.75	\$2.16	\$2.23

* Contracted rates are effective for dates of service on and after October 1, 2003.

ATTACHMENT 3

Maximum Allowable Fees for Crisis Intervention Services

Wisconsin Medicaid-certified providers will be reimbursed up to the rates listed on this Attachment for covered services provided to members enrolled in Wisconsin Medicaid and BadgerCare Plus.

This maximum allowable fee schedule contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).
Maximum Allowable Fee	The federal share of the contracted rate. Wisconsin Medicaid will pay up to the maximum allowable fee for covered services.

This Attachment does not address the various coverage limitations routinely applied before final payment is determined (e.g., member enrollment, provider certification, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

For questions about the fees, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

Policy Analyst
Division of Health Care Access and Accountability
Crisis Intervention Services
PO Box 309
Madison WI 53701-0309

Maximum Allowable Fees for Crisis Intervention Services					
Procedure Code	Procedure Code Description	Modifier and Modifier Description	Contracted Rate*	Reimbursement (Federal Share) Paid Through 9/30/07	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
S9484	Crisis intervention mental health services, per hour	UA — Psychiatrist	\$148.16	\$85.37	\$87.98
		UB — Advanced Practice Nurse Prescriber	\$148.16	\$85.37	\$87.98
		HP — Doctoral level	\$110.23	\$63.51	\$65.45
		HN — Bachelors degree level	\$88.90	\$51.22	\$52.79
		HO — Masters degree level	\$88.90	\$51.22	\$52.79
		U7 — Paraprofessional	\$47.42	\$27.32	\$28.16
S9485	Crisis intervention mental health services, per diem	None	\$139.54	\$80.40	\$82.86

* Contracted rates are effective for dates of service on and after October 1, 2003.

ATTACHMENT 4

Maximum Allowable Fees for Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults

Wisconsin Medicaid-certified providers will be reimbursed up to the rates listed on this Attachment for covered services provided to members enrolled in Wisconsin Medicaid and BadgerCare Plus.

This maximum allowable fee schedule contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA). For medication management (90862), this is the rate for 15 minutes.
Maximum Allowable Fee	The federal share of the contracted rate. Wisconsin Medicaid will pay up to the maximum allowable fee for covered services.

This Attachment does not address the various coverage limitations routinely applied before final payment is determined (e.g., member enrollment, provider certification, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

For questions about the fees, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

Policy Analyst
Division of Health Care Access and Accountability
Mental Health and Substance Abuse Services
PO Box 309
Madison WI 53701-0309

**Maximum Allowable Fees for Outpatient Mental Health and
Substance Abuse Services in the Home or Community for Adults**

Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate*	Reimbursement (Federal Share) Paid Through 9/30/08	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
90801	Psychiatric diagnostic interview examination (quantity of 1 = 1 hour)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication (quantity of 1 = 1 hour)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	UA — MD, Psychiatrist	\$75.02	\$43.23	\$44.55
		HP — Doctoral level	\$56.27	\$32.42	\$33.41
		HO — Masters degree level	\$45.02	\$25.94	\$26.73
90805	with medical evaluation and management services	UA — MD, Psychiatrist	\$75.02	\$43.23	\$44.55
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
90807	with medical evaluation and management services	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09

**Maximum Allowable Fees for Outpatient Mental Health and
Substance Abuse Services in the Home or Community for Adults**

Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate*	Reimbursement (Federal Share) Paid Through 9/30/08	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	UA — MD, Psychiatrist	\$225.06	\$129.68	\$133.64
		HP — Doctoral level	\$168.80	\$97.26	\$100.23
		HO — Masters degree level	\$135.06	\$77.82	\$80.20
90809	with medical evaluation and management services	UA — MD, Psychiatrist	\$225.06	\$129.68	\$133.64
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	UA — MD, Psychiatrist	\$75.02	\$43.23	\$44.55
		HP — Doctoral level	\$56.27	\$32.42	\$33.41
		HO — Masters degree level	\$45.02	\$25.94	\$26.73
90811	with medical evaluation and management services	UA — MD, Psychiatrist	\$75.02	\$43.23	\$44.55
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47

**Maximum Allowable Fees for Outpatient Mental Health and
Substance Abuse Services in the Home or Community for Adults**

Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate*	Reimbursement (Federal Share) Paid Through 9/30/08	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
90813	with medical evaluation and management services	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	UA — MD, Psychiatrist	\$225.06	\$129.68	\$133.64
90815	with medical evaluation and management services	UA — MD, Psychiatrist	\$225.06	\$129.68	\$133.64
90845	Psychoanalysis (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
90846	Family psychotherapy (without the patient present) (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47

**Maximum Allowable Fees for Outpatient Mental Health and
Substance Abuse Services in the Home or Community for Adults**

Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate*	Reimbursement (Federal Share) Paid Through 9/30/08	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
90847	Family psychotherapy (conjoint psychotherapy) (with patient present) (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
90849	Multiple-family group psychotherapy (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
90853	Group psychotherapy (other than of a multiple-family group) (quantity of 1.0 = 60 minutes)	UA — MD, Psychiatrist	\$37.51	\$21.61	\$22.27
		HP — Doctoral level	\$28.11	\$16.20	\$16.69
		HO — Masters degree level	\$22.51	\$12.97	\$13.37
90857	Interactive group psychotherapy (quantity of 1.0 = 60 minutes)	UA — MD, Psychiatrist	\$37.51	\$21.61	\$22.27
		HP — Doctoral level	\$28.11	\$16.20	\$16.69
		HO — Masters degree level	\$22.51	\$12.97	\$13.37

**Maximum Allowable Fees for Outpatient Mental Health and
Substance Abuse Services in the Home or Community for Adults**

Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate*	Reimbursement (Federal Share) Paid Through 9/30/08	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (quantity of 1.0 = 15 minutes)	UA — MD, Psychiatrist	\$37.51	\$21.61	\$22.27
		UB — Advanced Practice Nurse Prescriber with mental health specialty	\$37.51	\$21.61	\$22.27
		HO — Masters degree level	\$22.52	\$12.98	\$13.37
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	UA — MD, Psychiatrist	\$75.02	\$43.23	\$44.55
		HP — Doctoral level	\$56.27	\$32.42	\$33.41
		HO — Masters degree level	\$45.02	\$25.94	\$26.73
90876	approximately 45-50 minutes	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
90880	Hypnotherapy (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47

**Maximum Allowable Fees for Outpatient Mental Health and
Substance Abuse Services in the Home or Community for Adults**

Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate*	Reimbursement (Federal Share) Paid Through 9/30/08	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
90899	Unlisted psychiatric service or procedure (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
H0005	Alcohol and/or drug services; group counseling by a clinician	UA — MD, Psychiatrist	\$37.51	\$21.61	\$22.27
		HP — Doctoral level	\$28.11	\$16.20	\$16.69
		HO — Masters degree level	\$22.51	\$12.97	\$13.37
		HN — Bachelors degree level	\$15.01	\$8.65	\$8.91

Maximum Allowable Fees for Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults					
Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate*	Reimbursement (Federal Share) Paid Through 9/30/08	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/08
H0022	Alcohol and/or drug intervention service (planned facilitation)	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
		HN — Bachelors degree level	\$60.00	\$34.57	\$35.63
T1006	Alcohol and/or substance abuse services, family/couple counseling	UA — MD, Psychiatrist	\$150.04	\$86.45	\$89.09
		HP — Doctoral level	\$112.53	\$64.84	\$66.82
		HO — Masters degree level	\$90.04	\$51.88	\$53.47
		HN — Bachelors degree level	\$60.00	\$34.57	\$36.63

* Contracted rates are effective for dates of service on and after October 1, 2003.